

(Put on office letterhead)

Reply to: Comprehensive Program Manager (Name)

(Date)

MEMORANDUM FOR (Insert Comprehensive Program Division Chief (Name))

SUBJECT: FY XX (Insert Mid-Year (Due May 30, XXXX or Final Due November 30, XXXX)  
Comprehensive Subcontracting Plan Review For (Contractor's Name)

(Contractor's Name) entered the Comprehensive Subcontracting Plan Program in Fiscal Year (FY) XX. The Plan is negotiated on a (Insert Level) level. (Reference any merger activity of plans or contractor facilities here)

The Program Manager, (Insert name) is responsible for administering the Program. (He/She) may be contacted at (Insert number). The SBLO reports the results of the Program to (Insert name).

I performed the (Insert mid-year or final) review of the Program on (Insert Date). This review covered the period of performance from (Insert Dates).

**Overall Performance:**

The goals set forth and the actual achievements for FY XX (Insert Mid-Year or Final) are as follows (See attachment entitled Comp Stats):

<u>Goal</u>	<u>Achievement</u>
Total Subcontracting Dollars:	Total Subcontracting Dollars:
\$	\$
SB Dollars: \$	SB Dollars: \$
Percent:	Percent:
SDB Dollars: \$	SDB Dollars: \$
Percent:	Percent:
WOSB Dollars: \$	WOSB Dollars: \$
Percent:	Percent:
HUBZone Dollars: \$	HUBZone Dollars: \$
Percent:	Percent:
VOSB Dollars: \$	VOSB Dollars: \$
Percent:	Percent:
SDVOSB Dollars: \$	SDVOSB Dollars: \$
Percent:	Percent:
HBCU/MI Dollars: \$	HBCU/MI Dollars: \$
Percent:	Percent:

(Comment on total subcontracting dollars)

(Comment on SB achievement)

(Comment on SDB achievement)

(Comment on WOSB achievement)

(Comment on HUBZone achievement)

(Comment on VOSB achievement)

(Comment on SDVOSB achievement)

(Comment on HBCU/MI achievement)

(For clarification on issues of interest on comments, see NSM instructions regarding elements, analysis, purpose)

### **TREND OF PERFORMANCE**

(Comment on overall trend)

The following table reflects the percentage performance.

	2002	2003	2004	2005	2006
<u>SB</u>					
<u>SDB</u>					
<u>WOSB</u>					
<u>HBZ</u>					
<u>VOSB</u>					
<u>SDVOSB</u>					

### **RISK EVALUATION**

Based on the Risk Matrix on the revised One Book Chapter of October 2002, (Insert Contractor Name) received a rating of (Insert Rating). The contractor is considered a (insert risk level) risk.

The contractor (insert is or is not) on a Corrective Action Plan. Number of Corrective Actions in place (place number here). Number of Corrective Actions completed (place number here). (Comment on whether the corrective action plan is achievable. If the CAP is achievable and achieved – will desired results be indicated?)

**NOTE:** If this contractor has a Corrective Action Plan, **RISK IS CONSIDERED HIGH.**

### **SF295 DATA VALIDATION**

(Insert Contractor Name) is cooperative in any studies or surveys as may be required. The latest SF 295 was submitted on (Insert Date). The report was (Insert accurate or inaccurate) and was completed (Insert on-time or late). The SF295 dollars were validated (insert % of dollars and category if appropriate).

### **INDUSTRY CATEGORIES**

The selected industry categories for FY XX (Insert Year) were:

(List categories)

Performance in these categories is as follows:

(Industry Category):

Goals

Achievements

(Industry Category):

Goals

Achievements

### **INITIATIVES**

(Insert Contractor Name) included the following initiatives in its pervious FY plan.

(List initiatives and performance metrics)

Initiatives

Performance Metrics

### **CONCLUSION**

Rating assigned for final review: \_\_\_\_\_ (Use this section only if this is a Final Report)

(Include overall comments on program, program support, contractor's program infrastructure and contractor's achievement and your assessment regarding the contractors' ability to succeed).

(Insert Name Here)  
Comprehensive Plan Program Manager

Attachments:  
SF295 (Mid-Year and Final)  
Annual DCMA Review Form (640)  
Embedded Performance Spreadsheet



CompStats.xls

Cc:  
DCMAC